UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | |
|--|-----------------------------------|--------------------------|----------------|-----------------|-----------|
| 1 Date of Request: 7 19 05 2 Serial/Patent # 10/522540 | | | | | |
| 3 Please refund the following fee(s): | | 4 PAP | ER IBER | 5 DATE FILED | 6 AMOUNT |
| X | Filing | | | | \$ 100.00 |
| | Amendment | | | | \$ |
| | Extension of Time | | | | \$ |
| | Notice of Appeal/Appeal | | | | \$ |
| | Petition | | | | \$ |
| | Issue | | | | \$ |
| | Cert of Correction/Terminal Disc. | | | | \$ |
| | Maintenance | | | | \$ |
| | Assignment | | | | \$ |
| • | Other | | | | \$ |
| Done | | 7 TOTAL AMOUNT \$ 100.00 | | | |
| | | 8 TO BE REFUNDED BY: | | | |
| 10 REASON: | | | Treasury Check | | |
| χ | Overpayment | Credit Deposit A/C #: | | | |
| (| Duplicate Payment | | 9 _ | | |
| | No Fee Due (Explanation): | | | | |
| * Refunded to Creat cara | | | | | |
| | | | | | |
| | | | | | |
| 11 REFUND REQUESTED BY: | | | | | |
| SIGNATURE: Darrell Cuttman TITLE: Paralegal PHONE: 703-708-9140 x 203 | | | | | |
| SIGNATURE: PHONE: 703-708-9140 x 207 | | | | | |
| OFFICE: ************************************ | | | | | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | | | |
| APPROVED: DATE: | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B